



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER BUREAU

Concentrated Animal Feeding Operation (CAFO)

Annual Certification

PART 1 – GENERAL INFORMATION

A. FACILITY INFO
1. Name of Facility:
2. Facility Address: _____
3. Telephone Number:
4. Permit Number/COC Number:
5. Certified Operator:
B. OWNER INFO
1. Facility Owner:
2. Owner Address: _____
3. Owner Telephone:
C. REPORTING PERIOD
January 1, 20____ through December 31, 20____.
D. PLAN REVIEW
1. a. Was the current Comprehensive Nutrient Management Plan (CNMP) prepared or approved by a certified CNMP provider? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
b. Name of certified provider:
2. Did the permittee review the CNMP as specified in Part 1.B.c. of the permit during the reporting period? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
3. a. Did the review indicate that the CNMP needed to be revised or modified? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
b. If yes, list revisions or modifications to the CNMP during the reporting period (attach additional sheet if necessary).

***** **CERTIFICATION** *****

I certify that the information contained in this report, including attachments, is true, accurate, and complete. I am aware there are legal penalties for submitting false information.

Signature:

Title:

Date: